

Fill in this Information to identify the case:

of 5

Debtor 1 International Heritage, Inc.
 First Name Middle Name Last Name

Debtor 2 _____
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the EASTERN DISTRICT OF NORTH CAROLINA

Case number: 98-02675

FILED

MAR 07 2023

STEPHANIE J. BUTLER, CLERK
U.S. BANKRUPTCY COURT
EASTERN DISTRICT OF NC**Form 1340 (12/19)****APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS****1. Claim Information**

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	\$361.06 (\$282.10, 78.96)
Claimant's Name:	Benjamin D. Tarver dba Bankruptcy Settlement Group Original Creditor: Lynn R. Fisher
Claimant's Current Mailing Address, Telephone Number, and Email Address:	2300 East Fry Blvd #1630, Sierra Vista, AZ 85636 832-781-0620 help@claimtransfers.com

2. Applicant Information

Applicant² represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- ☐ Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- ☒ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

3. Supporting Documentation

- ☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

¹ The Claimant is the party entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record is the original payee.

4. Notice to United States Attorney

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- X Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney
For the Eastern District of North Carolina
150 Fayetteville Street, Suite 2100
Raleigh, NC 27601

5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 3/2/2023

Signature of Applicant

Benjamin D. Tarver

BENJAMIN D TARVER

Printed Name of Applicant

Address:

2300 East Fry Blvd #1630

Sierra Vista, AZ 85636

Telephone: 832-781-0620

Email: help@claimtransfers.com

5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: _____

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address:

Telephone: _____

Email: _____

6. Notarization

STATE OF ARIZONA _____

COUNTY OF COCHISE _____

This Application for Unclaimed Funds, dated 3/2/2023 was subscribed and sworn to before me this 2nd day of MARCH, 2023 by

BENJAMIN DERAY TARVER

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public Michelle G. Mietzner

My commission expires: 11/12/25



6. Notarization

STATE OF _____

COUNTY OF _____

This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this _____ day of _____, 20____ by

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public _____

My commission expires:

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NORTH CAROLINA

IN RE:

CASE NO. 98-02675

International Heritage, Inc.

Debtor(s)

_____ /

STATEMENT OF APPLICANT

I, Benjamin D. Tarver, do hereby certify that I am doing business as Bankruptcy Settlement Group ("BSG"), and that BSG is legally entitled to the unclaimed funds referenced in this application and that no other party is entitled to these funds.

In support, applicant respectfully represents as follows:

1. A check for "Lynn R. Fisher" in the amount of \$361.06 (\$282.10, 78.96) was not negotiated and was thus remitted as unclaimed funds to the Clerk of the Court.
2. Lynn R. Fisher assigned the unclaimed funds referenced in the application to BSG.
3. The consideration for this claim is \$240.83, which is 66.7% of the outstanding unclaimed dividends. See attached fee agreement.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: 3/2/2023



Benjamin D. Tarver
2300 East Fry Blvd #1630
Sierra Vista, AZ 85636

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NORTH CAROLINA

IN RE:

CASE NO. 98-02675

International Heritage, Inc.

AFFIDAVIT AND ASSIGNMENT

Debtor(s)

I, Lynn R. Fisher, of 14844 E SUNDANCE CT, WICHITA, KS, 67230-7190, certify:

1. That I am at least 18 years of age, and I am a debtor or creditor in the above referenced bankruptcy proceeding.
2. For good and for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I hereby certify that I have unconditionally and irrevocably sold, transferred and assigned to Bankruptcy Settlement Group ("Assignee"), its successors and assigns, whose mailing address is 2300 East Fry Blvd #1630, Sierra Vista, AZ 85636, all right, title and interest in and to my claims in the above referenced bankruptcy proceeding, including without limitation my right to receive any future payments, distributions, unclaimed dividends and/or other property in the bankruptcy proceeding. I waive any notice or hearing requirements imposed by Court rules and stipulate that an order may be entered recognizing this Assignment as an unconditional Assignment and Assignee herein as the valid owner of my claim(s) and/or rights.
3. My address was or currently is 299 Emmeram Rd., Ellis, KS 67637.

I certify under penalty of perjury that the foregoing is true and correct.

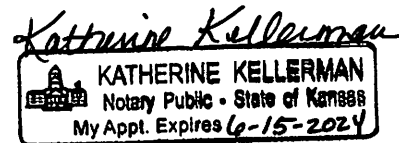
Dated: 1/10/23

Lynn R. Fisher
Lynn R. Fisher

SIGN ONLY IN THE PRESENCE OF A NOTARY PUBLIC AND AFFIX NOTARY SEAL

Sworn to and subscribed before me,
State of Kansas, County of Sedgwick
This 10th day of January, 2023

Katherine Kellerman
Notary Public Signature



(NOTARY SEAL)

My Commission Expires: 6-15-2024

Return this form to: Bankruptcy Settlement Group, 2300 East Fry Blvd #1630, Sierra Vista, AZ 85636

ASSIGNMENT AGREEMENT

This Assignment Agreement ("Agreement") is entered into on the date set forth below by and between LYNN FISHER, 14844 E SUNDANCE CT, WICHITA, KS, 67230-7190 ("Assignor") and BANKRUPTCY SETTLEMENT GROUP, 2300 East Fry Blvd #1630, Sierra Vista, AZ 85636 ("Assignee").

1. Assignor was/is a creditor or debtor in Bankruptcy Case# 98-02675 in the EASTERN DISTRICT OF NORTH CAROLINA.
2. For good and valuable consideration, Assignor does hereby irrevocably transfer and assign to Assignee and assigns, all of his/her rights, title and interest in the above-mentioned bankruptcy case as set forth in the Affidavit and Assignment.
3. The consideration herein given by Assignee to Assignor shall be the sum of \$240.83. A check will be issued to Assignor upon entry of an order recognizing Assignee as the valid owner of Assignor's rights. Assignor acknowledges that Court approval may take up to 30 days or longer.
4. To establish identity, Assignor agrees to provide any additional documentation required by the Bankruptcy Court.
5. Assignee or Assignor may cancel this Agreement at any time before a Court Order is entered recognizing Assignee as the valid owner of Assignor's rights.
6. This Agreement constitutes the entire agreement between the parties with respect to the subject matter above.

ASSIGNOR:


LYNN FISHER

Dated: 12/21/22

Email address: Lfishermd@yahoo.com

Phone Number: 785-259-6259

Address that you would like your check mailed to:

14844 E. Sundance Ct Wichita, KS 67230

AMOUNT YOU WILL BE PAID: \$240.83

Return this form to: Bankruptcy Settlement Group, 2300 East Fry Blvd #1630, Sierra Vista, AZ 85636